

## SHOPPING CENTERS

NAME OF CENTER: \_\_\_\_\_

COUNTY \_\_\_\_ BOOK \_\_\_\_ MAP \_\_\_\_ PARCEL \_\_\_\_ (IF THIS IS AN ECONOMIC UNIT, LIST THE LEAD PARCEL)

TYPE OF CENTER: ☐ SUPER REGIONAL ☐ REGIONAL ☐ POWER ☐ COMMUNITY ☐ NEIGHBORHOOD

GROSS SQUARE FEET: \_\_\_\_\_ NET LEASEABLE SQUARE FEET = \_\_\_\_\_

MAJOR TENANT SQ FT: \_\_\_\_\_ NON-MAJOR SQ FT: \_\_\_\_\_ PAD SQ FT: \_\_\_\_\_

TYPE OF LEASES (SQ FT): NET \_\_\_\_\_ GROSS \_\_\_\_\_ MODIFIED GROSS \_\_\_\_\_

**NOTE:** FOR PROPER ANALYSIS, COMPLETE TENANT INFORMATION MUST BE ENTERED ON THE ATTACHED FORM OR ON SEPARATE SHEETS.

### POTENTIAL CHARGES TO TENANTS

### TENANT PAYS

### DESCRIBE

COMMON AREA MAINTENANCE	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
REAL ESTATE TAXES	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
INSURANCE	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
UTILITIES	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____
MANAGEMENT	NONE <input type="checkbox"/>	ALL <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	_____

### INCOME DATA SUMMARY: Provide latest three year history.

	Last Year	Two Years Ago	Three Years Ago
	Year: _____	Year: _____	Year: _____
POTENTIAL GROSS INCOME (100% OCCUPANCY)	= \$ _____	\$ _____	\$ _____
VACANCY AND COLLECTION LOSS	- _____	- _____	- _____
ADJUSTED GROSS INCOME	= _____	_____	_____
CHARGES TO TENANTS (EXPENSE RECOVERY)	+ _____	+ _____	+ _____
PERCENTAGE INCOME (ANNUAL)	+ _____	+ _____	+ _____
OTHER INCOME (SERVICES, LAND LEASES)	+ _____	+ _____	+ _____
EFFECTIVE GROSS INCOME	= _____	_____	_____
TOTAL OF ALL EXPENSES	- _____	- _____	- _____
NET OPERATING INCOME	= \$ _____	\$ _____	\$ _____

ADDITIONAL INFORMATION / REMARKS:

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**NOTE:** You may submit any additional documents to support the income and expense information.

**SHOPPING CENTER EXPENSE DATA**  
**PROVIDE THREE YEAR HISTORY**

NOTE: FOR PROPER ANALYSIS, ALL EXPENSES REPORTED SHOULD BE THE **ACTUAL** INCURRED EACH YEAR.

**DISALLOWED EXPENSES:** DEPRECIATION, MORTGAGE DEBT SERVICE and PROPERTY TAX (effective tax rate will be added to the capitalization rate).

	Last Year	Two Years Ago	Three Years Ago
	Year: _____	Year: _____	Year: _____
<b><u>ACTUAL OPERATING EXPENSES</u></b>			
ANNUAL INSURANCE	\$ _____	\$ _____	\$ _____
MANAGEMENT / AGENT FEES	_____	_____	_____
LEASING AGENT FEES	_____	_____	_____
ADMINISTRATIVE / SALARIES	_____	_____	_____
ADVERTISING / PROMOTION	_____	_____	_____
UTILITIES PAID BY OWNER (NON-COMMON AREA)	_____	_____	_____
PERMITS / LICENSE / LEGAL FEES	_____	_____	_____
BLDG. MAINTENANCE AND REPAIRS	_____	_____	_____
NON-RECOVERABLE TENANTS COSTS	_____	_____	_____
SERVICE CONTRACTS	_____	_____	_____
SUPPLIES	_____	_____	_____
JANITORIAL	_____	_____	_____
OTHER EXPENSES (DESCRIBE):			
_____	_____	_____	_____
_____	_____	_____	_____
<b><u>MAJOR REPLACEMENTS / REPAIRS</u></b> (From Pg. 3)	_____	_____	_____
<b>TOTAL OF ALL EXPENSES =</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**NOTE:** Attach any additional documents necessary to itemize expenses or replacements not sufficiently explained above.

		LAST YEAR				
MAJOR REPLACEMENT / REPAIRS	DATE	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	\$ _____	÷	_____	=	\$ _____
ROOFING	_____	\$ _____	÷	_____	=	\$ _____
FLOOR COVERINGS	_____	\$ _____	÷	_____	=	\$ _____
APPLIANCES / WATER HEATER	_____	\$ _____	÷	_____	=	\$ _____
PAINTING (MULTI-UNIT)	_____	\$ _____	÷	_____	=	\$ _____
OTHERS						
(DESCRIBE: _____)	_____	\$ _____	÷	_____	=	\$ _____
_____						
				TOTAL FOR LAST YEAR	=	\$ _____

		TWO YEARS AGO				
MAJOR REPLACEMENT / REPAIRS	DATE	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	\$ _____	÷	_____	=	\$ _____
ROOFING	_____	\$ _____	÷	_____	=	\$ _____
FLOOR COVERINGS	_____	\$ _____	÷	_____	=	\$ _____
APPLIANCES / WATER HEATER	_____	\$ _____	÷	_____	=	\$ _____
PAINTING (MULTI-UNIT)	_____	\$ _____	÷	_____	=	\$ _____
OTHERS						
(DESCRIBE: _____)	_____	\$ _____	÷	_____	=	\$ _____
_____						
				TOTAL FOR TWO YEARS AGO	=	\$ _____

		THREE YEARS AGO				
MAJOR REPLACEMENT / REPAIRS	DATE	TOTAL COST	÷	AVG. LIFE (YRS)	=	ANNUAL AMT.
HEATING / COOLING	_____	\$ _____	÷	_____	=	\$ _____
ROOFING	_____	\$ _____	÷	_____	=	\$ _____
FLOOR COVERINGS	_____	\$ _____	÷	_____	=	\$ _____
APPLIANCES / WATER HEATER	_____	\$ _____	÷	_____	=	\$ _____
PAINTING (MULTI-UNIT)	_____	\$ _____	÷	_____	=	\$ _____
OTHERS						
(DESCRIBE: _____)	_____	\$ _____	÷	_____	=	\$ _____
_____						
				TOTAL FOR THREE YEARS AGO	=	\$ _____

**NOTE:** Attach any additional documents necessary to itemize expenses or replacements not sufficiently explained above.

## TENANT LIST

[illegible]

**NOTE:** Use additional forms, if necessary.